Vermont Mental Health Performance Indicator Project

DDMHS, Weeks Building, 103 South Main Street, Waterbury, VT 05671-1601 (802-241-2638)

MEMORANDUM

TO: Vermont Mental Health Performance Indicator Project

Advisory Group and Interested Parties

FROM: John Pandiani

Janet Bramley

DATE: December 22, 2000

RE: Per-Capita Funding of Children's Services Programs

Per-capita revenues for community mental health programs are among the indicators of access to care that were recommended by the Advisory Group to the Vermont Mental Health Performance Indicator Project in February 1999. The per-capita revenue of community programs is also among the statewide indicators of mental health service systems performance that are being produced by the Sixteen State project. This week's PIP addresses both of these issues by examining the per-capita revenues of community mental health children's services programs in each of Vermont's ten mental health service areas during the past three years. The revenues reported here include funding by DDMHS, Medicaid revenues, school contracts, first and third party revenues, local revenues, and other revenues as reported in financial reports submitted to DDMHS by the designated providers. Per-capita revenues may be interpreted as indicators of the performance of both service providers and funding agencies. To the degree that program revenues are a function of the activity of the programs, revenues are a measure of program performance. To the degree that program revenues are a function of the activity of funding agencies, revenues are a measure of the performance of the funding agencies.

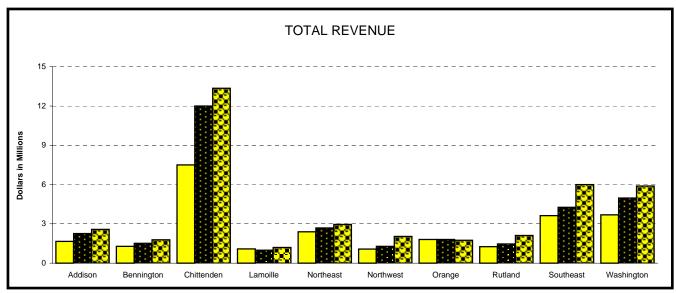
As you will see, there has been a substantial increase in the revenues of community mental health children's services programs during this period, from \$25.3 million in 1998 to \$39.6 million in 2000. This represents a growth of more than 63% statewide during this period. There has also been substantial variation in per-capita funding levels among the ten service areas. The Washington and Chittenden service areas had the highest per-capital funding during each of these years, while Northwest and Rutland had the lowest per-capita revenues during each of these years. Per-capita revenues in the Washington and Chittenden regions were more than twice the per-capita revenues in the Northwest and Rutland regions during each of these three years.

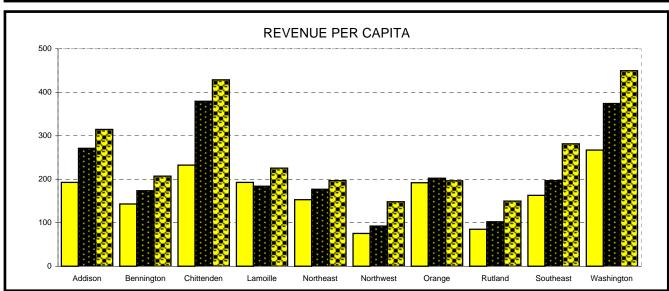
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Generally speaking, per-capita revenues are used as an indicator of the amount of service that is available in a geographical region. Higher per-capita revenues indicate that more services are available to residents of the service area: lower per-capita revenues indicate that fewer services are available. It is important to keep in mind, however, that in Vermont some community mental health programs provide specialized services to residents of other service areas. When this happens, per-capita revenues will overestimate the services available to residents of the receiving service area, and underestimate the amount of service available to residents of the sending region. These differences will be significant only when large numbers of clients move between regions for the purpose of receiving specialized services.

We will appreciate your comments regarding the use of per-capita revenues as a measure of the performance of local program and statewide systems of care. We look forward to receiving comparable measures from other states for purposes of comparison. We will also be interested in your interpretation of these data. Please share your thoughts by e-mailing to jpandiani@ddmhs.state.vt.us, or calling 802-241-2638.

CHILDREN'S SERVICES PROGRAMS TOTAL REVENUE AND REVENUE PER CAPITA, FY 1998-2000





Region/Provider		Children's Population			Revenue			Revenue Per Capita		
		1998	1999	2000	1998	1999	2000	1998	1999	2000
Addison	- CSAC	8,591	8,339	8,183	\$1,655,955	\$2,262,525	\$2,573,216	\$192.75	\$271.31	\$314.46
Bennington	- UCS	8,977	8,701	8,580	\$1,283,608	\$1,510,597	\$1,778,756	\$142.99	\$173.61	\$207.31
Chittenden	- HCHS				\$4,952,254	\$8,723,579	\$9,940,117			
	- NFI				\$2,545,968	\$3,268,999	\$3,406,419			
	Total	32,241	31,603	31,138	\$7,498,222	\$11,992,578	\$13,346,536	\$232.57	\$379.48	\$428.63
Lamoille	- LCMHS	5,629	5,385	5,292	\$1,084,707	\$989,984	\$1,193,896	\$192.70	\$183.84	\$225.60
Northeast	- NEK	15,665	15,204	15,011	\$2,395,045	\$2,691,673	\$2,954,791	\$152.89	\$177.04	\$196.84
Northwest	- NCSS	14,209	13,912	13,765	\$1,070,180	\$1,282,982	\$2,041,516	\$75.32	\$92.22	\$148.31
Orange	- CMC	9,395	8,919	8,871	\$1,804,287	\$1,805,206	\$1,744,467	\$192.05	\$202.40	\$196.64
Rutland	- RACS	14,750	14,347	14,096	\$1,254,576	\$1,465,924	\$2,108,623	\$85.06	\$102.18	\$149.59
Southeast	- HCRSSV	22,250	21,654	21,323	\$3,627,786	\$4,262,032	\$6,000,035	\$163.05	\$196.82	\$281.39
Washington	- WCMHS	13,812	13,282	13,087	\$3,689,771	\$4,968,984	\$5,885,274	\$267.14	\$374.11	\$449.70
Total		145,519	141,346	139,346	\$25,364,137	\$33,232,485	\$39,627,110	\$174.30	\$235.11	\$284.38

Revenue figures are obtained by electronic financial reports submitted by Vermont's Community Service Providers. Population figures are based on population estimates for December 1998, 1999, and 2000 published by the Vermont Department of Health and the Center for Rural Studies at the University of Vermont. Children's population includes people less than 18 years of age. Revenue does not include the administrative cost center in Children's Services Programs.

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